



WINDHAM
Learning Tree
Academy

Dear Parent/Guardian:

Please complete this form if you are working with an attorney, educational advocate, therapist, physician, or other professional who can provide additional information about your child.

REPORT RELEASE FORM

To: _____

Title: _____

Address: _____

Phone: _____

Fax#: _____

Email: _____

Student's Name: _____

Date of Birth: _____

You are hereby authorized to release records, evaluations, reports, transcripts, verbal, electronic(email) and other information for my child named above, to the Windham Learning Tree Academy, LLC.

- Educational
- Occupational/ Physical Therapy Report
- Medical
- Psychological
- Speech / Language
- Other: _____

The Windham Learning Tree Academy, LLC staff is also authorized to release verbal and written information to you, regarding the above named student.

Signature Parent/Guardian

Date

Signature Parent/Guardian

Date